Doctors demand AIDS drugs for women who have been raped

Pat Sidley, *Johannesburg*

A 3000 word article on rape written in clinical detail by the victim, Charlene Smith, a Johannesburg journalist, has catapulted the issue of the prophylactic treatment of AIDS in cases of rape into the political arena in South Africa.

Her detailed account, published in the *Mail & Guardian*, a weekly newspaper, chronicled her attempts to get zidovudine, the GlaxoWellcome drug, from a local private hospital. She found it difficult to get private medical institutions to assist, even though she was insured and willing to pay; she also found that most state hospitals do not give the drug to women who have been raped.

The publicity that she has given to the treatment of women who have been raped has found resonance among the public not only because of the high number of people infected with HIV in South Africa—about 25% of the population are HIV positive and the number infected grows at the rate of 1800 infections a day—but also because the number of women who are raped in South Africa is among the highest in the world, with estimates that one in four women can expect to be raped in her lifetime.

The consequence of these statistics is that women who have been raped believe that they stand a good chance of being infected by HIV.

Already in the spotlight in South Africa is the issue of whether the government should supply antiretroviral drugs to pregnant women to help prevent mother to child transmission of HIV. In this instance too, the ministry of health has declined to make a firm policy about the availability of drugs and is resistant to allocating resources for this purpose.

The government's approach to both issues has been marked by extreme caution about not only the efficacy of the interventions but also the high cost of the drugs, given the limited financial resources of the public health system. There is no scientifically proved evidence, according to both GlaxoWellcome and the ministry of health, that zidovudine can effectively reduce the chance of a woman becoming infected with HIV after being raped.

Nor are any drugs registered in South Africa, or anywhere else, for the purpose of treating women who have been raped. However, doctors and pharmaceutical companies have drawn attention to studies done on needlestick injuries among healthcare workers and have extrapolated from these to conclude that in cases of rape with severe trauma the use of zidovudine immediately after the incident may be appropriate.

The South African Medical Association has stepped into the controversy by recommending that women who have been raped should be treated with zidovudine at the government's expense. The chairman of the association's Committee for Human Rights, Law, and Ethics, Dr Fazel Randera, said that the committee had taken into account the use of the drugs in needlestick injuries in making their decision.

AP PHOTO/DENIS FARRELL

Rape activist and journalist Charlene Smith speaks in Johannesburg

But the committee has also made a firm ethical statement on the prevalence of rape, HIV infection, and AIDS in society: "We believe that the state and society have a responsibility to ensure that rape survivors receive maximum priority with regard to medical treatment and moral support. As doctors, we also believe that because of the prevalence of HIV [infection] and AIDS, rape survivors should have access to antiretroviral medication."

Dr Randera also said that the association was in the process of setting up meetings with the government and pharmaceutical companies with a view to sorting out some of the issues. Zidovudine treatment has become an important issue to the public but has failed to be exploited for the purposes of the 2 June elections.

The issue of the competence of the ministry of health in dealing with AIDS generally, after a series of major blunders, has, however, become part of the rhetoric of party political campaigning. □

Canada sends patients with cancer to United States

David Spurgeon, *Quebec*

Faced with long waiting lists for cancer treatment, the government of Quebec province, Canada, plans to send patients to the United States at a cost of $US15 000 (£9375) each. About 1200 patients are waiting for radiotherapy, 500 in Montreal alone, some for as long as five months.

Dr Carolyn Freeman, director of the division of radiation oncology at the McGill University health centre, estimates that about 280 patients could seek treatment in nearby Burlington, Vermont, and Portland, Maine.

As head of a government advisory committee composed of cancer researchers in Montreal, Dr Freeman approves of sending some patients to the United States as part of a short term solution but says that long term planning is essential. The province also needs to buy new equipment and recruit more doctors, including perhaps some from Europe. She says that the government should buy four new linear accelerators, which cost $C2.5m (£1m) each, and other equipment totalling at least $C20m.

The health minister, Pauline Marois, said that the plan to send patients to the United States would be considered "a valve we would use to ease the pressure if we don't succeed in reducing our lists to have clinically acceptable delays." She said that the situation was under control in some parts of the province. Government plans include sending patients to areas where waiting lists are shorter, training more oncologists, and extending restricted practice privileges to foreign doctors who are willing to undertake a two year residency in Quebec.

The opposition Liberal Party health critic blamed the Parti Quebecois government for a crisis of its own making, contributed to by cuts in health funding, forced retirement for doctors, and a cap on entry to medical school.

The cancer treatment problem is the latest in a series of difficulties experienced by Quebec's health system. Earlier this year, hospital emergency rooms in the province suffered from overcrowding and long waiting lists (27 February, p 556). □